

P.O. Box 3030 B-4-113
Susanville, CA 96127

Daniel Portugal
v.
N. Grannis, et al.)

Court Clerk
Northern District CRT/HSE
Northern District, Cal.

Court Clerk - Richard W. Weiking

Case No: CO8-0276 CRB

Motion For Discovery
AND MEMORANDUM OF POINTS
AUTHORITIES IN SUPPORT
THEREOF

FILED

JUL 14 2008
RICHARD W. WEIKING
CLERK, U.S. DISTRICT COURT, CALIFORNIA
Plaintiff would at a full Discovery Motion
ON FOR ANY RECORDS, FILMS ETC - CHARTS INSPECTION AND
MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT THEREOF
TO PROVE they Didn't Properly - ATTEND TO OR DO FOR
COMPLETE ADEQUATE & Proper Dental Procedure,
process, & Committed Dental - Medical Mal Practice,
Deliberate INDIFFERENCE, Cruel & unusual Punishment
ETC. All of which Required According MEDICAL -
DENTAL, Licensing & Practices, AND PEREZ V. TILTON
C-05-S241 JSW.

All reports and notes regarding this case
bearing on any such witness physical or
psychological limitation on their ability to
perceive, recollect or communicate concerning
the subject matter, character for honesty
or veracity or their opposites; the existence;
the existence or non-existence of any ex-
pressed bias, interest or other motive in
testifying; any admission of untruthfulness.
All notes and report of observations of
medical care and investigators concerning
the state of California.

27
28

High Desert State Prison
Daniel Portugal #V-S1068
P.O. Box 3030 B4-113
Susanville CA 93127

Court Clerk
Northern District, CRB/HB
Northern District, Cali-

1
2
3 Daniel Portugal

4 V

5 N. Grannis, ET AL.

Case No: C-08-0276
CRB

6 Points 4 Authority

7
8 Thornburgh v. Abbott 490 U.S. 407, 409 (1889)
9 Spellman v. Hopper 95 F. Supp. 2d 2267 (M.D. ALA 1999)
10 Williams v. Brimeyer 226 F.3d 352 (8th Cir 1997)
11 Procurier v. Martinez 426 U.S. 396 (1974)
12 U.S. v. Felipe 148 F.3d 202 (2nd Cir 1998)
13 Franise v. Terhune 283 F.3d 506, 520 (3d Cir 2002)
14 Pope v. Hightower 202 F.3d 2382 (22 Cir 1996)
15 Caske v. Clymen, 15 F. Supp. 2d 640 (E.D. Pa 1998)
16 Pittman v. Hutto 594 F.2d 07 (4th Cir 1997)
17 Hendrix v. Evans 725 F. Supp. 897 (N.D. 2nd 1989)
18 Abul-Jamal v. Price 254 F. Supp. 572 (S.D.N.Y. 1992)
19 Sczerbary v. Oswald 342 F. Supp. 572 S.D.N.Y 1992
20 Bell v. Wolfish 492 U.S. 520, 550 1979
21 Harper v. Wallingford, 877 F.2d 728 (9th Cir 1989)
22 Mounsey v. Holahan 55 S.Ct 340, 204 U.S. 103; rpt Tr.
23 DeRosa (2005) 126 Cal App. 4th 585, 591 24 Cal
24 McQuillian v. Duncan (9th Cir 2002) 306 F.3d 895-907 2002
25 REDD v. McGrath (9th Cir 2003)
26 Serrato v. Clark U.S. Ca 9th (No. 06-15167 5/07 4th Cir)
27 Olsen v. Idaho 363 F.3d 916, 922 9th Cir 04
28 Martinez v. Stanford 323 F.3d 1178, 1183 (9th Cir 03)

Points & Authority

1 Motley V. Parks 432 F.3d 1072, 1077-78 (9th Cir. 05)
2 Penal Code section 859;
3 Evidence Code section 780;
4 Hill V. Superior Court (1974) Cal. 3d 812.816,
5 People V. Riser (1956) 47 Cal. 2d 566.586. overruled
6 on other grounds,
7 People V. Morse (1963) 60 Cal. 2d. 631;
8 Funk V. Superior Court S2 Cal. 2d 423
9 Norton V. Superior Court (1959) 173 Cal. APP. 3d 183
10 Walker V. Superior Court (1987) 155 Cal. APP. 2d 134.
11
12
13
14
15
16

ORDER OF THE COURT

17 Granted _____
18 Denied _____
19 ORDERed with the following modification _____
20
21
22
23
24
25
26
27
28

Dominick Portigal
Dated July 17, 08
Appellant / Plaintiff

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2) (Name, State bar number, and address)

FOR COURT USE ONLY

Telephone No: Fax No:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY & ZIP CODE:

BRANCH NAME:

PETITIONER/ PLAINTIFF: Daniel Portugal

RESPONDENT/DEFENDANT: N. Grannis et al

PROOF OF SERVICE**CASE #: C-08-0276 CRB**

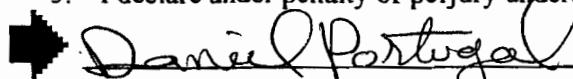
NOTICE: To serve temporary restraining orders you must use personal service (see form 1285.84).

1. I am over the age of 18, not a party to this cause, and not a protected person listed on any of the orders. I am resident of or employed in the county where the mailing took place.
2. My residence or business address is: High Desert State Prison
Daniel Portugal V-51068
P.O. Box 3030 B9-113
Susanville, Ca 96127
3. I served a copy of the following documents (specify): All Discovery, Motion's, Points of Authority in Support Thereof

by enclosing them in an envelope AND

- a. Depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. Placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address: U.S. District Court
Northern District Ca
450 Golden Gate Avenue
 - c. Date Mailed: July 14, 08
 - d. Place of Mailing (City & State): San Francisco, Ca 94102

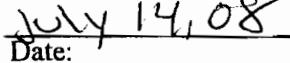
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



Signature of person completing this form



Type or print name:



Date:

PROOF OF SERVICE BY MAIL

High Desert State Prison
 Daniel Portugal V. #88
 P.O. Box 3030 B4-113
 Susanville, CA 96127

1 Daniel Portugal
 2 v.
 3 N. Grannis, et al
 4

Court Clerk
 Northern District, CRT, HSS
 Northern District, Cal.

CASE NO: C-08-0276 CRB

Motion to Present
 Document's And
 Declarations, testimony
 AND EVIDENCE OF
 GENUINE matter.

Plaintiff was given dental treatment
 in 2005 by Robinson to wit, a diagnosis to have
 root canal surgery. On 1-11-2006 DR. Wittenberg
 gave Plaintiff a root canal, but failed to
 take out the part of the tooth which still are
 present to this day. DR. Wittenberg didn't perform
 the surgery properly so Plaintiff was in pain
 and had to go get another crown placed in by
 DR. Major on 7-26-06 once again Plaintiff's crown
 came out which DR. Major improperly did. DR. Major
 repaired the crown on 1-25-07 and once again
 it wasn't done correctly. Now they just want to
 extract the tooth. Because of them doing faulty
 dental work, Plaintiff has suffered and has continu-
 ously ask to have his crown done in a profes-
 sional manner, but all Plaintiff received was pain and
 Ibuprofen for his pain. Plaintiff filed a box
 (Inmate Grievance) to have the issue corrected, but
 was run into deliberate indifference as well as
 violation of my 14th Amendment right.

1 ON 4-23-07, DR Nguyen interviewed Plaintiff for
 2 first level response and promptly denied Plaintiff. DR.
 3 Nguyen had a responsibility to ensure that Plaintiff was
 4 given the necessary dental care to which he hadn't
 5 received yet. by denying Plaintiff 602 based on his
 6 refusal to allow his tooth to be pulled was a violation
 7 of Plaintiff medical needs to wit the Eighth Amendment
 8 and Equal Protection.

9 ON 6-11-07 DR. Adams who was the chief Dental
 10 Officer, denied Plaintiff 602 based on DR. Nguyen's
 11 report and all the information provided by the same
 12 people who wrongly put in Plaintiff crown. being chief
 13 Dental Officer, DR Adams had the responsibility to
 14 ensure his staff did their job properly. DR. Adams
 15 should have made sure Plaintiff had his crown
 16 installed properly. DR. Adams never asked why
 17 Plaintiff still had pieces of his #8 tooth stuck
 18 inside his gum. DR. Adams is in violation of
 19 Plaintiff Eighth Amendment right as to his
 20 medical needs and Plaintiff right to equal
 21 protection.

22 ON 1-11-06 DR. Wittenberg performed a second root
 23 canal, ON 7-12-06 DR. Major rescheduled Plaintiff
 24 for another replacement of his crown and on 7-26-06
 25 DR. Major replaced Plaintiff crown and on 7-25-07, DR.
 26 Pina repaired Plaintiff crown. because of DR. Pina,
 27 DR Major and DR. Wittenberg's improper dental work.
 28 Plaintiff was exposed to pain and the violation

1 of the Eight Amendment as to Plaintiff
2 medical needs and Plaintiff Equal Protection.
3 DR. Charles D. Lee and N. Grammis are both
4 guilty of violating Plaintiff Equal Protection.
5 DR. J. Adams again repaired the crown on 2-15-08
6 now the crown came OFF on this prison Plaintiff
7 filed a medical request for dental care, but
8 Health care services stated the this matter is
9 a priority level 2 by the clinic dentist COE High Desert
10 Prison states that Plaintiff will be see within 120 days
11 this action are a violation of the Eight Amendment
12 and medical need's.

13 DR. Charles D. Lee and N. Grammis are both guilty
14 of violating Plaintiff Equal Protection. Plaintiff
15 should have never been exposed to doctors
16 who can't perform their jobs properly and they
17 had a duty to step in and fix the problem.
18

19 Also Plaintiff ask that he receives any other
20 relief the court seems proper as well as
21 attorney fees.

22

23 Documents attach on the back.

24

25

26

27

28

Daniel Porteged

Plaintiff

Dated July 14, 08

Legal Claims / Discovery

1 A. Filed a 602 (colr inmate grievance ON 7-30-05
 2 and 10-30-05 again inmate grievance.
 3 medical care for dental ON may 15-06

4 B. Filed a 602 (colr inmate grievance ON 3-20-07
 5 and again ON 6-18-06 with a Medical care
 6 for Dental care 1-14-07 and 125-07

7 C. Inmate correspondence, control #7770 ON 1-29-07
 8 medical care request ON 03-23-07
 9 regards to letter submitted ON 3-8-07
 10 requesting investigation of tooth #8.

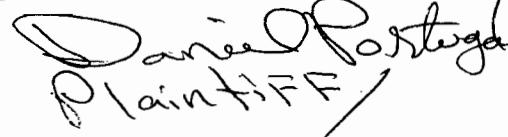
11 D. Letter to warden regarding the
 12 responds from a 602 colr I/M grievance
 13 ON July 2,07 and ON July 13-06 inmate correspon-
 14 dence, control #7241

15 E. Other letter to the appeal coordinator
 16 regarding a 602 (colr I/M grievance ON 7-16-07
 17 ON June 24,07 again I'M a letter regarding
 18 a plaintiff responds from a 602, ON July 30-07
 19 again other letter the delay of a 602 I/M
 20 grievance.

21 F. Other 602 (colr inmate grievance ON 7-29-07
 22 regarding the delay of the 602 process.
 23 ON June 11,07 second level appeal response
 24 memorandum. ON 12-10-07 a responds from
 25 Dental again regarding my crown re-cement.

26 G. ON January 29,08 Appeal Activity
 27 ON 7-10-08 a reply from Dental care on
 28 High DESERT State Prison.

Dated July 14, 08


 Daniel Portugal
 Plaintiff

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2) (Name, State bar number, and address)

FOR COURT USE ONLY

Telephone No: Fax No:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY & ZIP CODE:

BRANCH NAME:

PETITIONER/ PLAINTIFF: Daniel Portugal

RESPONDENT/DEFENDANT: v.

N. Grannis, et al

PROOF OF SERVICE**CASE #:** C-08-0296

NOTICE: To serve temporary restraining orders you must use personal service (see form 1285.84).

1. I am over the age of 18, not a party to this cause, and not a protected person listed on any of the orders. I am resident of or employed in the county where the mailing took place.

2. My residence or business address is: High Desert State Prison
Daniel Portugal V-S1068
P.O. Box 3030 B#4113
Susanville, CA 96127

3. I served a copy of the following documents (specify):

by enclosing them in an envelope AND
of All Discovery, Motions, Points
of Authority in support thereof

a. Depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
b. Placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

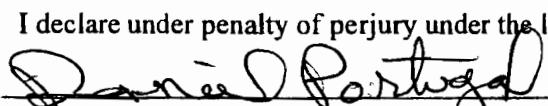
a. Name of person served:

b. Address: U.S. District Court
Northern District Ca
450 Golden Gate Avenue

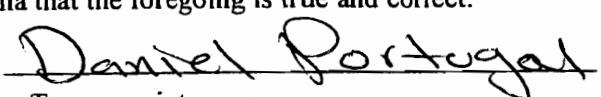
c. Date Mailed: July 14, 08

d. Place of Mailing (City & State): San Francisco, CA 94102

5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Signature of person completing this form

July 14, 08
Date:


Type or print name:

PROOF OF SERVICE BY MAIL

In�

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

8

1. _____
2. _____1. _____
2. _____

CR

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Medical - Dental

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Daniel Portugal	VS1068	602/complaint	15245 C

A. Describe Problem: I am writing this complaint in regard's of the stat issued to acces to the dental. I file a request for Dental because I have a toothache I would like to get a Partial tooth. the doctor said that I will take some medication for my tooth. My rights to Due Process are been violated and withholding Privileges. Please use your seniority, take action of this issue involving my health and it will be extremely appreciated.

If you need more space, attach one additional sheet.

B. Action Requested: I would like a state issued Partial tooth A.S.A.P. Please use your seniority and take action with this matter.

Inmate/Parolee Signature: Daniel Portugal RECD FEB 2 2005 Date Submitted: 1-30-05

02-04-05R02:16 RCD

C. INFORMAL LEVEL / Date Received:

Staff Response: [REDACTED] The Dental dept had not received request for services from you. This form will act as your request and you will be placed on list for this services

Staff Signature: P. Christensen

Date Returned to Inmate: 4/23/05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**

CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. OVBF1. 09-04318

2. _____

2. _____

CYC 1ST

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME

NUMBER

ASSIGNMENT

UNIT/ROOM NUMBER

Daniel Portog V51068 602 / complaint A3-201

A. Describe Problem: I am writing this complaint in regards of the state issued to access to the Dental. I filed a leave for Dental because I have a toothache I would like to get a partial tooth but the Dental never call me the first time, I request Dental treatment so I file a 602 on February 3, 2005 the responds for this 602 was on 2-23-05 by BChristens and I been waiting for 6 months now for Dental treatment. If you need more space, attach one additional sheet.

B. Action Requested: I would like a state issued Partial - tooth A.S.A.P. Please use your seniority and take action with this matter. Thank you for your time and concern.

Inmate/Parolee Signature: Daniel Portog RECEIVED NOV 02 2005 Date Submitted: 10-30-05

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification Chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control Form BC-1E, Inmate Claim

BYPASS

--

First Level

Granted

P. Granted

Denied

Other

11/3/05

Due Date:

12/19/05

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:

Interviewed by: You have been appointed to see a good Dentist on 12/16/05. At that appointment you're lesser will be addressed. At that appointment it was determined the broken tooth had a failed root canal, you will see the oral surgeon to have this treated. Then depending on the outcome you may have a plastic crown done.

Staff Signature:

Dentist

Title: Dentist C.F.

Date Completed: 12/14/05

Division Head Approved:

John D.

Returned

Signature:

Title: DDS, CDC(A)

Date to Inmate: 12/15/05

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

DELIVERED DEC 27 2005

Signature:

Date Submitted:

Second Level

 Granted P. Granted Denied Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned:

Due Date:

 See Attached Letter

Signature:

Date Completed:

Warden/Superintendent Signature:

Date Returned to Inmate:

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature:

Date Submitted:

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other See Attached Letter

Date:

DDS

HEALTH CARE SERVICES REQUEST FORM**PART I: TO BE COMPLETED BY THE PATIENT***A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME

Daniel Portugal

CDC NUMBER

VS1068

HOUSING

A3-216

PATIENT SIGNATURE

DATE

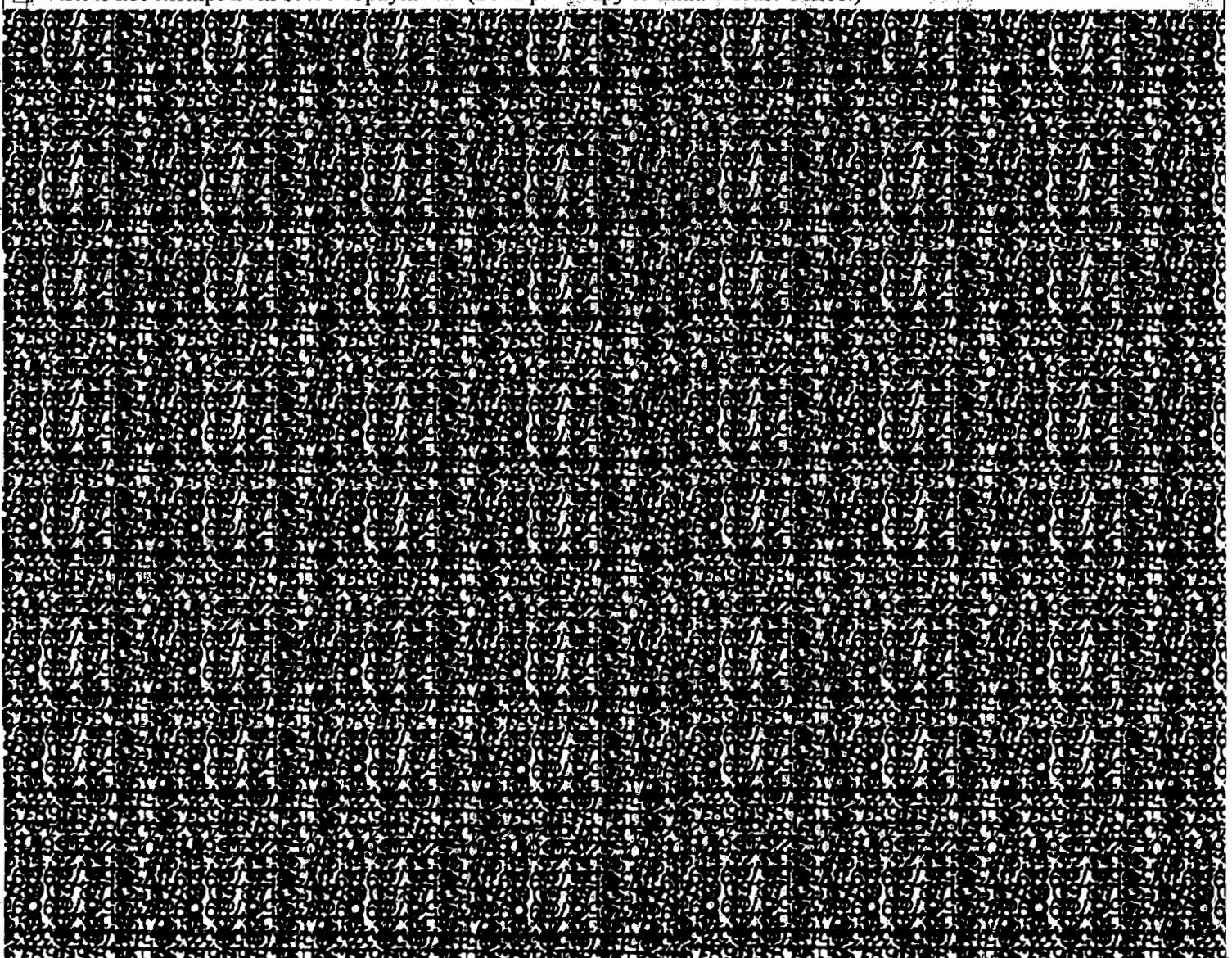
May 15 06

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *I would like to receive Dental care because I have so much pain and I need A Partial - tooth. Thank you for your time it will be extremely appreciated.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**

CDC 602-(12/87)

Location: Institution/Parole Region

Log No.

Category

3587

07.01279

8

2. _____

2. _____

CTC 87

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Dental

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Daniel Portugal	VS1068	602-complaint for Dental	A3-231

A. Describe Problem: ON 3-8-07 I request dental treatment for re-cemented my crown on the tooth #8 for the past 5 week's. Due to the circumstance of this Administration, unprofessional, unethical, extreme abusive by denial Dental treatment. I have been asking to A Dental clinic for this service's and when I receive my crown on July 12,06 by Dr. Major was good for a couple of months and after I requested to re-cemented my crown again on the tooth #8 by the Dr Pina on Jan 25,07 and 2 months

If you need more space, attach one additional sheet.

B. Action Requested: I would like this matter to responds to my petition. I would like a new crown on my tooth #8 because I don't have this and my gum has a lot of pain, thank you for your time and concern

REC'D MAR 21 2007

Inmate/Parolee Signature: Daniel Portugal

Date Submitted: 3-20-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

B.R.
BRANCHES
APPEALS
AUG 23 2007
RECEIVED

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number: _____

Board of Control form BC-1E, Inmate Claim

JH



First Level Granted P. Granted Denied OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned 5/22/07 Due Date 5/2/07

Interviewed by: DR. Nguyen DDS, on 04/23/07 @ A-Gard dental clinic. Your request for a crown on #8 is denied. There is not enough tooth structure on #8 to place a crown. Your option is to have #8 extracted and replace with a partial. You refused extraction of #8 at this time.

Staff Signature: Loc Nguyen, DDS, CF, SVSP Title: dentist Date Completed: 4/23/07
 Division Head Approved: R. N. Title: HHPA Returned Date to Inmate: 5/1/07
 Signature: Loc Nguyen

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

I am dissatisfied and I would like to request this action's to be honored as soon as possible, thank you for your time.

Signature: Daniel Portugal Date Submitted: May, 15, 07 RECEIVED MAY 17 2007
 Second Level Granted P. Granted Denied Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 5/21/07 Due Date: 6/15/07
 See Attached Letter

Signature: Joh D. M. CDO Date Completed: 6/11/2007
 Warden/Superintendent Signature: M. Hall RETO AUG 14 2007 Date returned to inmate

H. If dissatisfied, add date or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

I am dissatisfied and I would like to request this action's to be honored as soon as possible, thank you for your time

Signature: Daniel Portugal Date Submitted: 8-20-07

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other
 See Attached Letter

**INMATE/PAROLEE
APPEAL FORM**

cpc-602 (12/87)

Location: Institution/Parole Region

Log No.

Category

10

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Dental

NAME

NUMBER

ASSIGNMENT

UNIT/ROOM NUMBER

<i>Daniel Portugal</i>	<i>N51068</i>	<i>102/Complaint for Dental</i>	<i>A3-218</i>
------------------------	---------------	---------------------------------	---------------

A. Describe Problem: I file so many sick call for Dental due to this condition I was granted a Partial tooth on 12-15-05 by John Br DDS, CDR. I have so much pain everyday and is hard to eat I need this service Please V.F.I said that no more the 90 days time after the inmate arrives this is unconstitutional I have not hear from the Dental treatment this matter is involving my health so please look into this issue and I need a log number

If you need more space, attach one additional sheet.

RECD JUN 1 2006

B. Action Requested: I would like a state Partial tooth A.S.A.P Please use your seniority and take action with this matter, thank you for time and concern

Inmate/Parolee Signature:

Daniel Portugal

Date Submitted:

6-18-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

DELIVERED JUN 2 2006

*DUPLICATE**DELIVERED JUN 2 2006*

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC-115, Investigator's Report, Classification chrono, CDC-128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

--

Came out so I request this treatment again
and I receive a letter back with this response
I have been complaining about this tooth since
December 16, 05. Please see Page's attack on the
back. Subject # 7241, # 7770 and regards to a letter
submitted on 3-8-07 requesting investigation of teeth #
and 2 copy's of CDC 7362 No 959914, 590959

Ground 1

(B) Supporting case, Rules or Authority

People v. Perez

Article 8, section § 3355.1 Page 145 (a) (b) (2) (c)

article 8, section § 3354 Page 143 (2) (e) (F) (1) (2)

such inmates shall be treated within 48 hours by a dentist
during normal clinic hours.

withholding privileges (see Vitek v. Jones S.Ct. 1980)

right to due process, Equal protection of the law under the
Fourteenth, Fifth amendment of the constitution.

U.S. Const.

Title 15

Sincerely

Daniel Portugal

THIS IS A REQUEST FOR DENTAL / emergent
HEALTH CARE SERVICES REQUEST FORM**PART I: TO BE COMPLETED BY THE PATIENT***A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**

REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input checked="" type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
<i>Daniel Portugal</i>	VS1068		A3-231	
PATIENT SIGNATURE	DATE <i>1-14-07</i>			

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *I am requesting Dental services because my crown tooth & upper From central incisor I have a lot of pain everytime I eat the gum on my tooth. thank you for your time and concern please look on this matter as soon as possible.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME *Daniel Portugal* CDC NUMBER *Y51068* HOUSING *A 3-231*PATIENT SIGNATURE *Daniel Portugal* DATE *1-29-07*

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *I would like to see dental because when the Dr. put my crown back we forgot to put the shot for my gum to make biogel and today my gum so please look at this matter because it make so much pain on my gum. Thank you.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

M E M O R A N D U M

Date: January 29, 2007

To: Inmate Daniel Portugal
CDC #V51068

Subject: INMATE CORRESPONDENCE, CONTROL #7770

Inmate Portugal has a history of complaining of pain on tooth #8. The nerve of tooth #8 was removed and therefore this tooth should be painless. However, he was still complaining of pain on tooth #8. In an attempt to salvage the tooth once again, the general dentist referred him to the oral surgeon, Dr. Wittenberg, who performed a specialized surgical procedure on tooth #8. The only option remaining is to extract tooth #8 if inmate Portugal continues to experience pain. It is strongly recommend that he submits a CDCR Form 7362 requesting for an extraction of tooth #8.

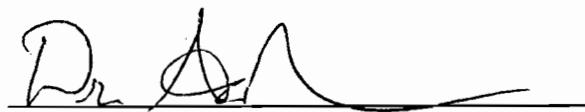
Patient History involving symptomatic tooth #8

- Dec 16, 2005 Dr. Robinson was prompted by a 602 (appeal) to examine Inmate Portugal. Dr. Robinson recorded that tooth # 8 had a history of root canal treatment completed. He had lost a crown on tooth # 8. Dr. Robinson's diagnosis was failed root canal treatment on tooth #8. In an attempt to save the tooth he referred the inmate patient to the oral surgeon for root canal surgery.
- Jan 11, 2006 Dr. Wittenberg performed the root canal surgery in an attempt to preserve tooth # 8. He was prescribed Ibuprofen for pain management.
- July 12, 2006 Dr. Major examined patient regarding a warden's inquiry. The inmate was complaining about pain on tooth #8 while eating. This is unusual since tooth # 8 has had the nerve removed and the tooth should be painless. Dr. Major reviewed x-ray's which were normal and the various diagnostic tests performed were also normal. Dr. Major provided training on oral hygiene and rescheduled patient for placement of a polycarbonate crown.

- July 26, 2006 Dr. Major provided local anesthetic and prepared and cemented polycarbonate crown on tooth #8. Dr. Major provided additional oral hygiene instructions.
- Jan 25, 2007 Dr. Pina examined patient due to a second warden's inquiry. Inmate Portugal complained that he was having pain on his tooth #8 whenever he ate. Patient alleged that a hole in crown was causing pain. Dr. Pina repaired and re-cemented the crown on tooth #8 and provided further oral hygiene instructions.

*A copy of this will be placed in the Unit Health Record, dental section, for future reference.

*Please see previous warden's assignment control # 7241 dated 6/28/2006



Dr. Adamo
Chief Dentist
Salinas Valley State Prison

CC: Mike Evans
Warden, SVSP

u. 10 page
5/17/08
WV - INMATE RECORDINGSTATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**

REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
--------------	----------------------------------	--	---------------------------------	--

NAME <i>Portugal, Daniel</i>	CDC NUMBER <i>V51068</i>	HOUSING <i>A3-231</i>
PATIENT SIGNATURE <i>Daniel Portugal</i>	DATE <i>03-23-07</i>	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NJ #8 poly carbamide temp crown

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA—DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

**DIVISION OF ADULT INSTITUTIONS
SALINAS VALLEY STATE PRISON**

P.O. Box 1020
SOLEDAD, CA 93960
(831) 678-5500



DATE: March 13, 2007

TO: Daniel Portugal, CDCR#V51068

**SUBJECT: Regards to letter submitted on 3/8/07 requesting
investigation of tooth #8.**

I have done a full investigation on this matter on January 29, 2007 and you were sent a copy of this report, Inmate Correspondence- control #7770. I strongly recommend that you submit a request for extraction of tooth #8. You have been complaining about this tooth since December 16, 2005. The Dental Department has done everything possible in attempt to save this tooth for your. The only alternative left is to extract tooth #8. A copy of this memo will be placed in your Unit Health Record for future providers to review.

Sincerely,

A handwritten signature in black ink, appearing to read "John Adamo".

John Adamo, DDS
CDO, SVSP

Cc: Unit Health Record

to warden

july 2, 07

I am writing this letter again due to this matter I send a 602 to the second level Review on may 21 07 and due date 06-15-07. now has been more then 29 days, the log number SUSP A -07 01279 now with this said I hope to hear a respond's back from your office's, thank you for your time

sincerely

Daniel Farley

VS1068

A3-231

STATE OF CALIFORNIA—DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

**DIVISION OF ADULT INSTITUTIONS
SALINAS VALLEY STATE PRISON**

P.O. Box 1020
SOLEDAD, CA 93960
(831) 678-5500



DATE: July 13, 2006

TO: Daniel Portugal, CDCR# V51068

SUBJECT: Inmate Correspondence, Control # 7241

You were seen by Dr. Major on July 12, 2006 at the Facility A Dental Clinic. Dr. Major evaluated your chief complaint of tooth #8(upper front central incisor) having pain upon eating. Dr. Major reviewed the x-ray which revealed that tooth #8 had root canal treatment completed (which indicates that the nerve of this tooth was removed). Dr. Major performed various diagnostic tests and determined that the surrounding gums were slightly inflamed. Dr Major provided oral hygiene instructions at this appointment. Dr. Major evaluated your condition and based on his professional opinion he determined your priority as a 1B, to be seen within 30 calendar days. Dr. Major stated at the next appointment he will place a polycarbonate crown on tooth #8. I am advising you to practice good oral hygiene to help the surrounding gums around tooth#8 maintain good health. The treatment you requested will be provided to you based upon the priority given on tooth #8 by Dr. Major.

A handwritten signature in black ink that reads "John Adamo".

John Adamo, DDS
Chief Dentist (A), SVSP

CC: Mike Evans
Warden, SVSP

To Appeals Coordinator,

7-26-07

I am writing this letter
on regarding of my b62. I file
on 05-02-07 I have not receive no
responses from the second level and due
Date is 06-15-07 the log number is
SVSP A-0701279 is action is action are
inconstitution. I need a response from my b62
second level, thank you for your time
and concern.

Currently there
is a backlog of
completed appeals is receiving
Appeals office at the backlog
Assister by MENDS
1/26/07

Sincerely
Daniel Portugal
V51068-A3-231

[REDACTED] june 24, 07

I am writing this letter
on regarding of the b62 requesting to
Medical second level response . I mail this
request on May 21,2007 and Due Date 06-15-07
now have you look into this matter , thank
you for your time and concern . I look forward
to receive a response back from your office

sincerely

[REDACTED]
[REDACTED] 6/24/07

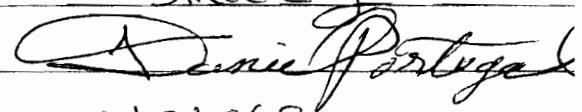
what is the
log # of the
appeal so I
can provide status?
Log MED 6/21/07

To: Appeals Coordinator

July 30, 07

I am writing this letter on regarding on the second level responds of my 602-log number 07-01279 the due date is on 6-15-07 now has been more than month and I had not receive a respond's or notice's on this matters. I would like to know where is my 602 or why I had not receive some respond back. now with this action I close this letter I hope to receive a respond's as soon as possible, thank you.

Sincerely


Denise Portugal

VS1068

A3-23)

07 1279 = denied 6/5/07
SIC back log that mailed
there is a backlog of parts that are not processed is received
of need to be office is back log.
for Appeals Office
Assistance
Doy Mc Dowd
8/2/07

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**

CDC 602 (12/87)

Location	Institution/Parole Region	Log No.	Category
1.		1.	
2.		2.	

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Portugal, D.	V-51068	N/A	A3-231L

A. Describe Problem: I am filing this 602 on Assigned Staff Reviewer: CTC on a CDC-602 Log# SVSP-A-07-01279 for failing to comply with not only my right to appeal per California Code of Regulations Title 15 §3084.1. Right to Appeal (a).. §3084.6. Appeal Time Limits (b)(3), but also violating the 14th Amendment of the United States Constitutions "Due Process Clause". This also violates my access to the courts, the Dental here at Salinas Valley State Prison are also violating a court order by failing to follow the "Clauses" set in Perez v. Tilton, No. C 05-05241 JMW. As of this date 7/29/07 Salinas Valley State Prisons Staff Reviewer: CTC is 29 days late in answering CDC-602 Log# SVSP-A-07-01279 at the Second level.

If you need more space, attach one additional sheet.

B. Action Requested: That this CDC-602 be attached to Dental CDC-602 Log# SVSP-A-07-01279 for Legal purposes'.

Inmate/Parolee Signature: Daniel Portugal Date Submitted: 7/29/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

--

State of California

Department of Corrections

Memorandum

Date: June 11, 2007

To: Portugal, #V51068
Salinas Valley State Prison

Subject: SECOND LEVEL APPEAL RESPONSE LOG NUMBER-SVSP-A-07-01279.

ISSUE:

The appellant states that he had his crown come off again on tooth #8 after placement of this crown by Dr. Major.

Appellant requests to have a new crown done on tooth #8 because of painful gums around this tooth.

INTERVIEWED BY: Dr. Nguyen on April 23, 2007.

REGULATIONS: The rules governing this issue are:

California Code of Regulations (CCR), Title 15, Sections

3350. Provision of Medical Care and Definitions

3354. Health Care Responsibilities and Limitations

Dental Department Policies and Procedures:

Chapter 5.15: Dental Care (E)

SUMMARY OF INVESTIGATION:

The First Level of Review (FLR) was completed on **4/23/07** by Dr. Nguyen. Dr. Adamo, CDO, was assigned to investigate this appeal at the Second Level of Review. All submitted documentation and supporting arguments have been considered. Additionally, a thorough examination has been conducted regarding the claim presented, and evaluated in accordance with Salinas Valley State Prison (SVSP) Operational Procedures (OP); the California Code of Regulations (CCR); and the Departmental Operations Manual (DOM).

A review of the appellant's dental records revealed the following information. On January 29, 2007 I sent the appellant an Inmate Correspondence Letter, Control #7770 stating the following:

**Portugal, CDCR# V51068
SVSP-A-07-01279**

"Inmate Portugal has a history of complaining of pain on tooth #8. The nerve of tooth #8 was removed and therefore this tooth should be painless. However, he was still complaining of pain on tooth #8. In an attempt to salvage the tooth once again, the general dentist referred him to the oral surgeon, Dr. Wittenberg, who performed a specialized surgical procedure on tooth #8. The only option remaining is to extract tooth #8 if inmate Portugal continues to experience pain. It is strongly recommended that he submits a CDCR form 7362 requesting for an extraction of tooth #8. Patient History involving symptomatic tooth #8

- Dec. 16, 2005 Dr. Robinson was prompted by a 602 (appeal) to examine Inmate Portugal. Dr. Robinson recorded that tooth #8 had a history of root canal treatment completed. He had lost a crown on tooth #8. Dr. Robinson's diagnosis was failed root canal treatment on tooth #8. In an attempt to save the tooth he referred the inmate patient to the oral surgeon for root canal surgery.
- Jan. 11, 2006 Dr. Wittenberg performed the root canal surgery in an attempt to preserve tooth #8. He was prescribed Ibuprofen for pain management.
- July 12, 2006 Dr. Major examined patient regarding a warden's inquiry. The inmate was complaining about pain on tooth #8 while eating. This is unusual since tooth #8 has had the nerve removed and the tooth should be painless. Dr. Major reviewed x-rays which were normal and the various diagnostic tests performed were also normal. Dr. Major provided training on oral hygiene and rescheduled patient for placement of a polycarbonate crown.
- July 26, 2006 Dr. Major provided local anesthetic and prepared and cemented polycarbonate crown on tooth #8. Dr. Major provided additional oral hygiene instructions.
- Jan. 25, 2007 Dr. Pina examined patient due to a second warden's inquiry. Inmate Portugal complained that he was having pain on his tooth #8 whenever he ate. Dr. Pina repaired and recemented the crown on tooth #8 and provided further oral hygiene instructions."

On March 8, 2007 the appellant submitted a letter addressed to me stating "I am writing this letter on regarding Dental. On 3-8-07 I request to re-cemented my crown on the tooth #8 but for some reason the Health care staff stated to take this matter to the next level....." I sent my response to the appellant, Daniel Portugal, CDCR# V51068 on March 13, 2007 stating the following: "I have done a full investigation on this matter on January 29, 2007 and you were sent a copy of this report, Inmate Correspondence-control #7770. I strongly recommend that you submit a request for extraction of tooth#8. You have been complaining about this tooth since December 16, 2005. The Dental Department has done everything possible in attempt to save this tooth for you. The only alternative left is to extract tooth #8. A copy of this memo will be placed in your Unit Health Record for future providers to review."

**Portugal, CDCR# V51068
SVSP-A-07-01279**

The appellant was seen by Dr. Nguyen on April 23, 2007 for the First Level Appeal interview appointment. The Nguyen recorded that the appellant chief complaint was he wanted a new crown on his upper front tooth because it had fallen off twice. Dr. Nguyen recorded tooth #8 had root canal therapy completed, had a very short clinical crown, the x-ray was non-remarkable, and the appellant was asymptomatic (without pain) at this visit. Dr. Nguyen recommended that this tooth be extracted and replaced on a partial denture. Dr. Nguyen recorded that the appellant was upset and demanded to have a crown placed on tooth #8. Dr. Nguyen recorded that the appellant refused extraction of tooth #8, he refused to sign the refusal form, and he was informed of the risks involved of not extracting tooth #8.

DECISION: The appeal is Denied.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.



CHARLES D. LEE, MD
Health Care Manager
Salinas Valley State Prison

SVSP A-Facility Dental

Date: 12-31-07A1 A2 A3 A4 A5 231Portugal, D
nameV51068
CDC #

This note is in response to:

- A reminder to let you know my appointment is overdue
- Find out why I haven't been called in for my appointment
- Know what is the date of my next appointment

X Otherduplicate 7362 request submitted

At your previous appointment you were given a priority of:

X 1B 30 days or less from 12/10/07 1C 60 days or less 2 120 days or less

Please know that Facility A dental is running 30 to 40 days behind schedule at this time. You will be given your dental ducat based on your priority. If your Gold copy of the 7362 form was turned in too soon it would have been returned to you (eventually). For inmates that turned in their copy of the 7362 form after they were supposed to be called in, we will try to give a dental ducat sooner than another inmate of the same priority.

Please know we are not allowed to give out the specific date you will receive your ducat.

 Please be patient, you are in the system and we will call you in when we can.

your next appointment will likely be mid February.
IF you are having pain or another dental problem & need to be sooner, please send in another 7362 Request and state what the pain is and why you can not wait.

SALINAS VALLEY STATE PRISON

NAME: Portugal, Daniel
CDC-128-C

CDC# V51068

HOUSING: D9-144

As of 02/22/2008 the above named inmate has a dental priority classification of:
DATE

1A 1B ~~1C~~ 2 3 4 5

DENTIST, CF Jones, DDS

J. ADAMO, DDS
CHIEF DENTIST

Orig: Unit Health Record
CC: C-File
Inmate (Copy)

DATE: 02/15/2008

MEDICAL-PSYCHIATRIC-DENTAL
SALINAS VALLEY STATE PRISON

SALINAS VALLEY STATE PRISON

NAME: Portugal, Daniel

CDC-128-C

CDC# V51068

HOUSING: A3-231

As of 12/10/07 the above named inmate has a dental priority classification of:

DATE

1A 1B 1C 2 3 4 5

DENTIST, CF Dr. Munk

J. ADAMO, DDS
CHIEF DENTIST

Orig: Unit Health Record

CC: C-File

Inmate (Copy)

DATE: 12/10/2007

MEDICAL-PSYCHIATRIC-DENTAL
SALINAS VALLEY STATE PRISON

State of California

Document 13 Filed 07/17/2008 Page 36 of 41

Department of Corrections and Rehabilitation
Inmate Appeals Branch

Memorandum



Date : January 25, 2008

To : PORTUGAL, DANIEL V51068
Salinas Valley State Prison
P.O. Box 1020
Soledad, CA 93960-1020

Subject: **APPEAL ACTIVITY**

The attached page(s) lists a summary of your recent appeal history and status of appeals still under review.

A handwritten signature in black ink that appears to read "N. Grannis".

N. GRANNIS, Chief
Inmate Appeals Branch

Attachment(s)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
Inmate / Parolee Appeals Tracking System - Level III

Appellant Information
CDCR Number: V51068

Sorted By: Last Name

CDCR Number	Appellant Name	Location	Arrival Date
V51068	PORTUGAL, DANIEL	SVSP	02/06/2006

Accepted Appeals

IAB Number	Issue	Inst. Log Number	Closed Date	Disposition
0706325	MEDICAL	SVSP-07-01279	11/16/2007	DENIED
0713134	(Group)PROGRAM	SVSP-07-03411	01/18/2008	DENIED

Screen Outs

The appellant has no screened out appeal history.

NAME: Portugal CDC#: V51068 HOUSING: B4 1B

Your CDC 7362 (Health Care Service Request) form has been received and classified as a Priority Level 2 by the clinic dentist. CDC policy states that you will be seen within 120 days; therefore, you will be sent a ducat as soon as possible within this time period.
DO NOT SUBMIT ANOTHER 7362 FOR THIS ISSUE.

DATE: 7/10/08

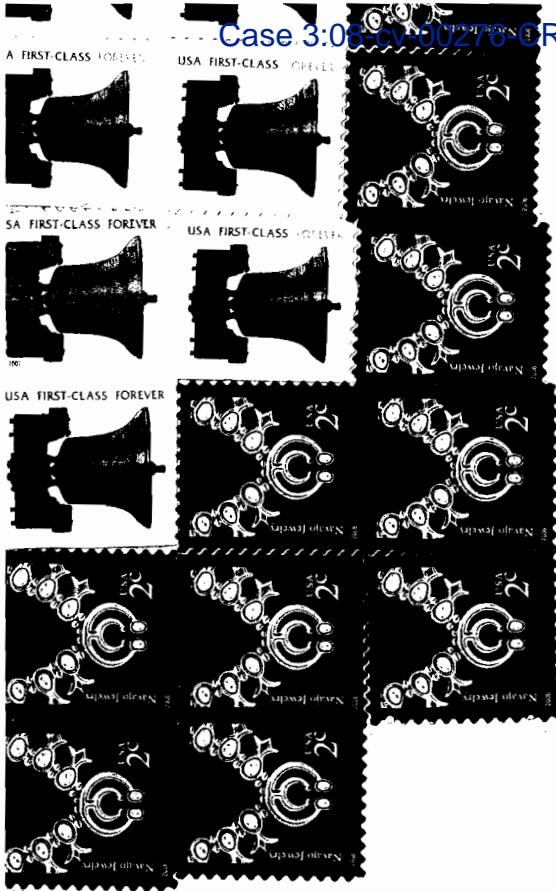
RECEIVED

to: Director of Correction's, NOV 27 2007

INMATE APPEALS 11-20-07
BRANCH

I am writing this letter
on regarding my responds from my 602
I send to your office on 8-20-07
log No 07-01279 my name is Daniel Portuga,
#VS1068 I am on Salinas Valley and I
have not receive a responds due to my
understanding has pass 90 working day's now.
well I look forward to receive some
respond's soon from your offices, thank
you for your time and concern.

sincerely
Daniel Portuga



LEGAL MAIL ONLY

High Desert State Prison
David Portugal # V-51068
P.O. Box 3030 B4-113
Subdivision, CO 81227

STATE PRISON

-Legal Mail -
Per CCR 15 Art. 4. c. 2,
Section - 3142

U.S. POSTAGE
450 GOLDEN GATE
San Francisco, CA 94110



7/14/08 m

Legal Mail —

Legal Mail ✓